

Montgomery “Ancient Mariners”



Competitive Swimming For Adults

Sponsored by



Montgomery County Recreation Department

Aquatics Division, 4010 Randolph Road, Silver Spring, MD 20902

240-777-6860 | www.montgomerycountymd.gov/rec

Germantown Indoor Swim Center

18000 Central Park Circle
Boyd's, MD 20841
240-777-6830

Montgomery Aquatic Center

5900 Executive Boulevard
N. Bethesda, MD 20852
301-468-4211

Olney Swim Center

16601 Georgia Avenue
Olney, MD 20832
301-570-1210

Martin Luther King, Jr. Pool

1201 Jackson Road
Silver Spring, MD 20904
301-989-1206

Montgomery Ancient Mariners is designed for competitive and fitness swimming adults who seek a structured workout with a professional coach. It is not a lap swim time, nor swim lessons. Swimmers will be expected to be proficient in most strokes and advanced enough to circle swim a workout.

The Montgomery County Recreation Department (MCRD) offers "Masters" year round in three sessions. Separate registration is necessary for each session. The Summer session will move outdoors in mid June to Glenmont, Bethesda and MLK Outdoor Pools. In case of inclement weather, practices will be cancelled.

Montgomery Ancient Mariners is an affiliated club with U.S. Masters Swimming. Therefore, all participants must be registered with U.S. Masters. However, entering competitions is optional.

MCRD has contracted with Clay Britt (of Premier Swim, Inc.) to staff Ancient Mariners with qualified coaches at each of the sites. The program will be coordinated by Clay Britt for registration, meet entries, coach support, and social events. For more information, e-mail clay@claybrittswimming.com or see www.ancientmariners.org.

Occasionally, it will be necessary to have a substitute coach. Also, it may be necessary to cancel or alter a scheduled practice due to other commitments, such as holiday schedules, school functions, major U.S.S. meets, etc. A make-up practice will not be scheduled.

REGISTRATION PROCEDURES

Program: Attend the first practice of a session at the primary site of your choice. Complete all registration forms with the coach and pay all appropriate fees. Registration forms must be completed and fees paid at the first practice, space is limited. Space permitting, an individual may register after a session has begun. Registration can be done on-line at montgomerycountymd.gov/rec for returning swimmers.

Club Registration: MUST BE DONE AT PRACTICE. In addition to the program fee, there will be a separate yearly registration fee to cover the required registration with U.S. Masters Swimming (USMS). New swimmers must pay this fee with a separate check (payable to Montgomery Ancient Mariners) and fill out a separate USMS form at the first practice. Current club members will renew in December. No exceptions can be made. Swimmers already registered with U.S. Masters Swimming must show proof of registration. Swimmers may continue this affiliation but will be encouraged to affiliate as a member of Montgomery Ancient Mariners.

FEES & PRACTICE SCHEDULE-FALL 2006 SEASON

September 10-December 30, 2006

Germantown Indoor Swim Center

Four Lanes
Mon, Wed, Fri 6:30-7:30am
(Weekend practices at MAC or OSC)
Tue/Thu 8:30-10:00pm
Location Code: GISC

Course #	Cost
161517 1 day/wk	\$80
161518 2 days/wk	\$120
161519 3 days/wk	\$160
161520 4 days/wk	\$205
161521 5 days/wk	\$245

Montgomery Aquatic Center

Eight Lanes
Tue/Thu 8:30-10:00pm
Fri 8:30-9:30pm
Sun 8:00-10:00am
Location Code: MAC

Course #	Cost
161502 1 day/wk	\$80
161503 2 days/wk	\$120
161504 3 days/wk	\$160
161505 4 days/wk	\$205
161506 5 days/wk	\$245

Olney Swim Center

Four Lanes
Tue/Thu 8:30-10:00pm
Sat 7:30-9:00am
Location Code: OSC

Course #	Cost
161512 1 day/wk	\$80
161513 2 days/wk	\$120
161514 3 days/wk	\$160
161515 4 days/wk	\$205
161516 5 days/wk	\$245

Martin Luther King, Jr. Pool

Six Lanes
Mon/Wed 8:30-10:00pm
(Weekend practices at MAC or OSC)

Course #	Cost
161507 1 day/wk	\$80
161508 2 days/wk	\$120
161509 3 days/wk	\$160
161510 4 days/wk	\$205
161511 5 days/wk	\$245

UNITED STATES MASTERS SWIMMING MEMBERSHIP APPLICATION 2006**PLEASE PRINT LEGIBLY THE NAME YOU WILL USE IN COMPETITION**United States
Masters
Swimming

Last Name		First Name		Mid Initial	Jr, Sr, III, etc	O NEW REGISTRATION O RENEW FROM PV O RENEW (OTHER LMSC) Previous #: (if known)
Street Address						
City		State	Zip		Fee \$34 Pay to: Montgomery Ancient Mariners Mail form and fees to: Mauricio Rezende 8506 Aqueduct Rd. Potomac, MD 20854	
Phone Number		Birthdate (mm/dd/yy)	Age	Sex		
Potomac Valley Club Name or Unattached 012 – Mont. Ancient Mariners		O I wish to contribute \$1 (or \$) to the USMS Foundation O I wish to contribute \$1 (or \$) to the Int'l Swim Hall of Fame Fund I have added these amounts to my registration fees.				
O Check here if you coach Masters Swimmers.						

"I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS."

Signature _____ Date _____ Email (opt): _____
 (\$12 of the membership fee supports the PVLMS; \$8 is designated for the calendar year subscription to Swimmer Magazine; \$12 supports USMS; \$12 supports ANCM.)

PLEASE CUT OR PROCESSING WILL BE DELAYED

Ways to register

- RecWeb online: montgomerycountymd.gov/rec
- STARline: 240-777-8277
- Fax: 240-777-6818 (payment by VISA or MasterCard)
- Mail: Registrar, 4010 Randolph Road, Silver Spring, MD 20902

Payment Information

Full payment is due with registration. Non-county residents pay an additional \$10 per participant per activity. Financial assistance is available to county residents who qualify. Call 240-777-6840 for information. If your check is returned unpaid, your account will be debited electronically for the original

check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.

Withdrawal Policy

Requests for withdrawal must be submitted in writing. If your written withdrawal request is received on or after the start date of the program, your credit will be pro-rated based on the date the request is received. In addition, all refunds and all written withdrawal requests received seven days or less before the start date of the program are subject to a \$20.00 withdrawal fee.

 Montgomery County
RECREATION
 DEPARTMENT
Registration Form
☐ Check here if new address/phone/email.
Please print. This form may be duplicated.

PAYER'S: Last Name _____ First Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____
 (if under 18 years) Mother's Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____
 Father's Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	Activity Name	Course Number	Location	Start Date	Start Time	Fees*

*If you are a non-resident, include an additional \$10.00 per participant in the fee for each activity.

☐ Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902.

Total Amount Due: \$

☐ Master Card ☐ Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may **fax** your registration form to **240-777-6818**. If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Participant or Parent/Guardian Signature _____ Date _____